


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000273 (1)

1. Corporation Name

SOCIETY OF HOSTS, INC.

Principal Place of Business

Mailing Address

225 WILLIAM JOHNSTON BLDG.  
FLORIDA STATE UNIVERSITY  
TALLAHASSEE FL 32306

225 WILLIAM JOHNSTON BLDG.  
FLORIDA STATE UNIVERSITY  
TALLAHASSEE FL 32306

3. Date Incorporated or Qualified

09/06/1994

4. FEI Number

59-3285467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business	2a. Mailing Address
21 1 Champions Way	26 1 Champions Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 4100; F.S.U.	27 Suite 4100; F.S.U.
City & State	City & State
23 Tallahassee, FL	28 Tallahassee, FL
Zip 32306-2541	Zip 32306-2541
Country U.S.A.	Country U.S.A.

9. Name and Address of Current Registered Agent

PADGETT, TIMOTHY D  
211 S GADSDEN STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DV
NAME	BELL, JEFF	1.2 NAME	Bell, Jeff
STREET ADDRESS	8 PIEDMONT CENTER, SUITE 720	1.3 STREET ADDRESS	8 Piedmont Center, Suite 720
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA 30305
TITLE	DP	2.1 TITLE	DP
NAME	RISCIGNO, JIM	2.2 NAME	Towers, Jay
STREET ADDRESS	3030 LBJ FREEWAY	2.3 STREET ADDRESS	5510 West Casalle St, # 200
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D	3.1 TITLE	D
NAME	CREELY, KEN L., JR.	3.2 NAME	Marsh, Jim
STREET ADDRESS	2550 POTSDAMER ST	3.3 STREET ADDRESS	8974 Winged Foot Dr.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	D	4.1 TITLE	D
NAME	BORDENS, CHRIS	4.2 NAME	Wagner, Bill
STREET ADDRESS	C/O ATL. ATH. CLUB, BOBBY JONES DR	4.3 STREET ADDRESS	1155 Blue Road
CITY-ST-ZIP	DULUTH GA	4.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	DS	5.1 TITLE	
NAME	TOWERS, JAY	5.2 NAME	
STREET ADDRESS	550 N RED ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	
NAME	DOVER, CAROL	6.2 NAME	
STREET ADDRESS	200 W COLLEGE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/29/98

644-8528

CR2E037 (5/98)